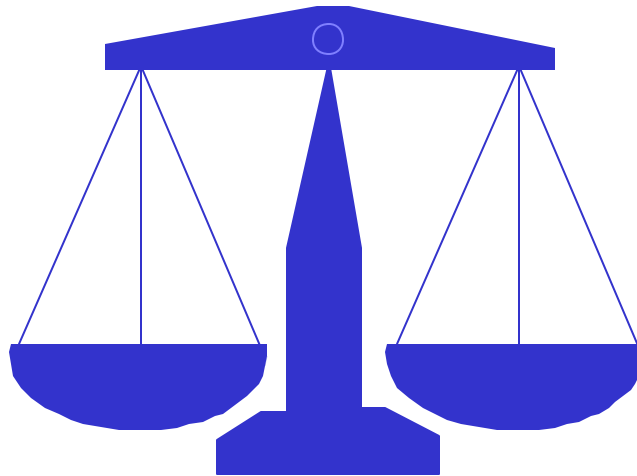


Module 14:
Creating Balance in Your Life



Agenda

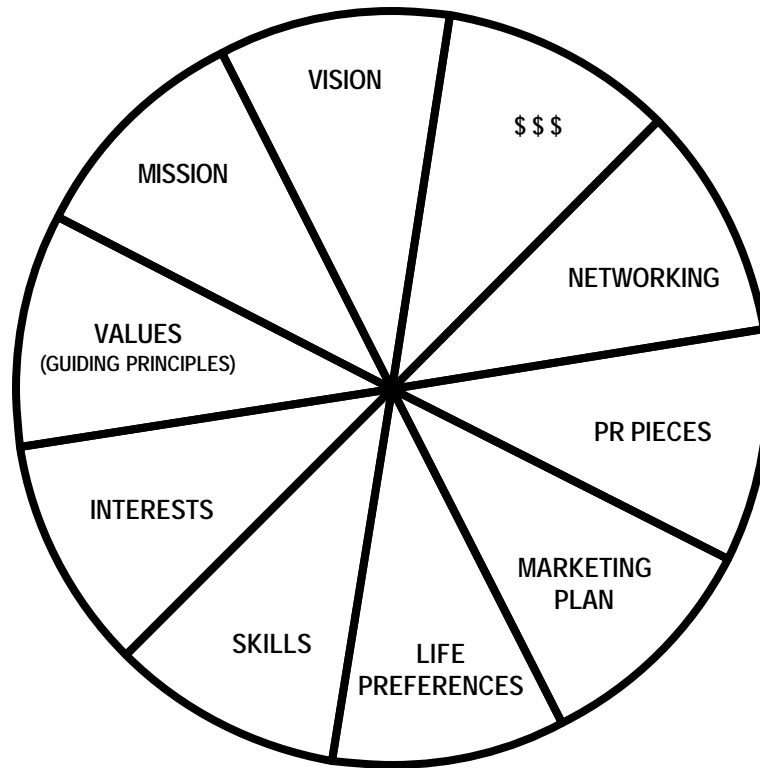
- Introduction
- Characteristics of Change
- Creating Balance
- Attitude and Role Adjustments
- Taking Care of Number One
- **Ex:** My Lifestyle Buffer
- **Ex:** Updating My ICLP
- Follow-on Support
- Review of Key Learnings and Expectations
- Course Evaluation
- Tips to Remember

Objectives

At the end of this module, you'll be able to:

- Identify attitude and role adjustments associated with your career or life change.
- Identify ways to build resistance to stress.
- Allocate time to create balance in your life.
- Update your ICLP based on new insights provided by the course.
- Identify specific actions to take over the next 3 and 6 months.
- Review the different follow-on services and options available to you, to help you achieve your goals.
- Identify some key tips for future success.

Career Plan



Every good business reexamines its goals and vision periodically. These change as you grow and learn. In this module, you will reexamine your goals, vision, and marketing plan, make changes that reflect new ideas and new information, and ensure your values and preferences create balance in your life.

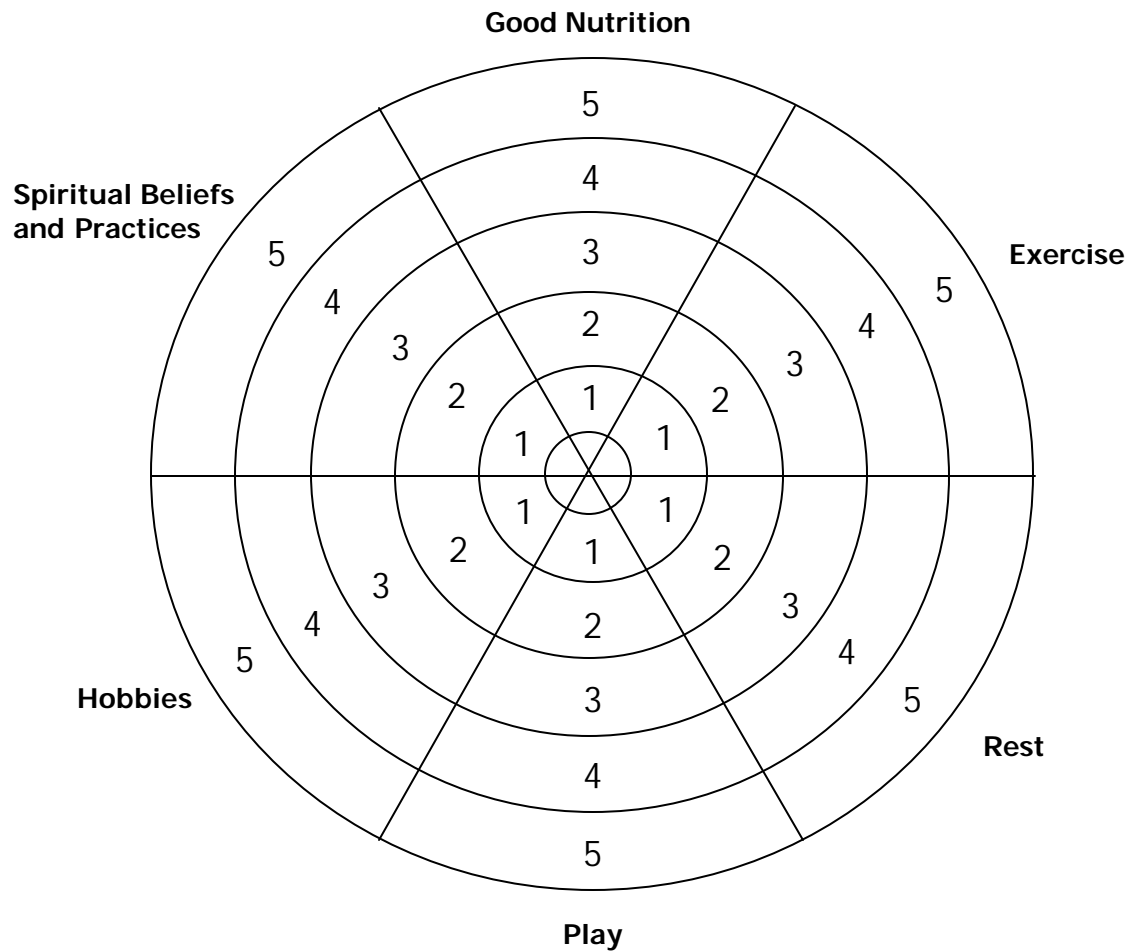
Your vision is important! You've worked hard to understand the steps to attain your goal and now have the opportunity to make your plan and goals come true.

Enlisting Support from Your Family

1. Let your family know that you're committed to your goals and ask for support.
2. Support your family in the things they care about.
3. Give your family specific ways of helping you.
4. Set clear boundaries that enable you to pursue your goal.
5. Delegate areas of responsibility to each family member.
6. Hold family councils to keep the lines of communication open.
7. Express gratitude and appreciation for your family's help.
8. Share your achievements with your family and give them credit for their part in your accomplishments.



Lifestyle Target



Key:

- 1 = Not at all part of my lifestyle
- 2 = Rarely part of my lifestyle
- 3 = Sometimes part of my lifestyle
- 4 = Often part of my lifestyle
- 5 = Always part of my lifestyle

Individual Career Life Plan

Short Range Plan (within 1 year)

Brief statement describing your short range goal:		Targeted completion date :
Step 1: (knowledge, skill or ability needed to meet your goal)	Formal Training: (Course title, location, dates)	Alternate Training: (OJT, self-study, correspondence courses)
Step 2: (knowledge, skill or ability needed to meet your goal)	Formal Training: (Course title, location, dates)	Alternate Training: (OJT, self-study, correspondence courses)
Step 3: (knowledge, skill or ability needed to meet your goal)	Formal Training: (Course title, location, dates)	Alternate Training: (OJT, self-study, correspondence courses)
Step 4: (knowledge, skill or ability needed to meet your goal)	Formal Training: (Course title, location, dates)	Alternate Training: (OJT, self-study, correspondence courses)
Measure of progress: (How will I know when I am making progress toward completing my goal?)		
Review dates: (When will I review my progress toward the achievement of my objective?)		
Challenges: (What might interfere with my taking action or achieving my objective, and how can I deal with these challenges?)		
Sources of help: (Who or what will assist me in taking action and achieving my objective?)		
_____ Signature/Date		_____ Instructor Signature/Date

Individual Career Life Plan

Long Range Plan (5 years)

Brief statement describing your long range goal:		Targeted completion date:
Step 1: (knowledge, skill or ability needed to meet your goal)	Formal Training: (Course title, location, dates)	Alternate Training: (OJT, self-study, correspondence courses)
Step 2: (knowledge, skill or ability needed to meet your goal)	Formal Training: (Course title, location, dates)	Alternate Training: (OJT, self-study, correspondence courses)
Step 3: (knowledge, skill or ability needed to meet your goal)	Formal Training: (Course title, location, dates)	Alternate Training: (OJT, self-study, correspondence courses)
Step 4: (knowledge, skill or ability needed to meet your goal)	Formal Training: (Course title, location, dates)	Alternate Training: (OJT, self-study, correspondence courses)
Measure of progress: (How will I know when I am making progress toward completing my goal?)		
Review dates: (When will I review my progress toward the achievement of my objective?)		
Challenges: (What might interfere with my taking action or achieving my objective, and how can I deal with these challenges?)		
Sources of help: (Who or what will assist me in taking action and achieving my objective?)		
<div style="border-top: 1px solid black; width: 100%;"></div> Signature/Date		<div style="border-top: 1px solid black; width: 100%;"></div> Instructor Signature/Date

Follow-on Support Options

- **A counselor** – will be available to answer any other questions you may have related to this course. They will also use the action planning cards you provided, to call you in 3 and 6 months time to see how you are progressing in meeting your action plan items. Their aim is to provide support and encouragement for you for carrying out those plans.
- **Each other** – you have all spent the last few days together and have got to know each other's plans. It would be a good idea if you form a support group for each other.
- **Small “buddy” group** – this is a group of 2/3 of your friends or people in a similar situation, that you can meet with regularly to review each others progress and kept each other on track.
- **A job club** – group of people looking for work who meet regularly and perform different job search action steps, setting individual goals that are to be accomplished before the next meeting.
- **Spouse professional association** – organizations of military spouses to promote professional growth. Also, look in local community for associations in field of interest (e.g., American Society of Training and Development, or areas of retail management, education, etc.) . Can look in the blue pages of local telephone book. These local associations have workshops, job ads, and support people in job search or career development or specific area field interested in.
- **Spouse Groups** – See FSC or ombudsman for further information

Course Date _____ **Instructor(s)** _____

We want to provide you with the best possible training. Your reactions to this course will help us improve the training. Please circle one of the following five choices for each question:

SA (Strongly Agree); **A** (Agree); **N** (Neutral/Unsure); **D** (Disagree); or **SD** (Strongly Disagree).

Contents:

1. The amount of information covered was appropriate for the length of this course. SA A N D SD
If you answered N, D or SD, was the amount of information covered:

Too much? _____ Too little? _____

- | | | | | | |
|--|----|---|---|---|----|
| 2. The learning materials were clear and well organized. | SA | A | N | D | SD |
| 3. There were enough exercises to reinforce what I learned. | SA | A | N | D | SD |
| 4. The instructional aids/media were understandable, easy to follow. | SA | A | N | D | SD |
| 5. The instructional aids/media were appropriate for this course. | SA | A | N | D | SD |
| 6. The examples used were appropriate for my situation. | SA | A | N | D | SD |

Instructor(s):

- | | | | | | |
|--|----|---|---|---|----|
| 7. The instructor(s) presented information clearly and understandably. | SA | A | N | D | SD |
| 8. The instructor(s) knew the material well. | SA | A | N | D | SD |
| 9. The instructor(s) moved at an appropriate pace. | SA | A | N | D | SD |
| 10. The instructor(s) was/were available and responded to my questions and concerns. | SA | A | N | D | SD |

Course Administration:

- | | | | | | |
|---|----|---|---|---|----|
| 11. The length of the course was appropriate. | SA | A | N | D | SD |
|---|----|---|---|---|----|
- If you answered N, D or SD, was the course:

Too long? _____ Too short? _____

- | | | | | | |
|---|----|---|---|---|----|
| 12. The classroom was comfortable. | SA | A | N | D | SD |
| 13. Breaks were adequate and well-spaced. | SA | A | N | D | SD |
| 14. The facility met my needs well. | SA | A | N | D | SD |

Overall:

- | | | | | | |
|---|----|---|---|---|----|
| 15. There was a good balance between exercises and lecture. | SA | A | N | D | SD |
| 16. I feel that I understand the ideas underlying the content we covered. | SA | A | N | D | SD |
| 17. I learned new approaches, skills and techniques that I can apply to my situation. | SA | A | N | D | SD |

18. Overall, I would rate the quality of this course as:

_____ Excellent _____ Good _____ Adequate _____ Fair _____ Poor

Facts about You:

19. How much of what was presented in the course did you already know?

_____ None _____ 0-25% _____ 26-50% _____ 51-75% _____ 76-100%

20. How do you expect to use what you learned?

21. What were the strong points of the course?

22. What would you do to improve this course?

23. Would you recommend our course to friends? _____ YES _____ NO

Additional comments:

Important Tips for Success



